



THIS APPLICATION IS TO BE TYPED OR PRINTED LEGIBLY IN INK.

## APPLICATION FOR REGIONAL PRACTICAL EXAMINATION FOR FFI/HMA AND FFII/HMO

NAME OF FIRE DEPARTMENT \_\_\_\_\_

**COMMERCE AND INSURANCE  
TENNESSEE COMMISSION ON FIRE FIGHTING  
PERSONNEL STANDARDS AND EDUCATION**

500 James Robertson Parkway, Suite 630  
Nashville, TN 37243 – 615-741-6780

### FOR COMMISSION USE ONLY

Rec'd \_\_\_\_\_

App'd \_\_\_\_\_

Pass \_\_\_\_\_ Fail \_\_\_\_\_

Date \_\_\_\_\_ Field Rep. \_\_\_\_\_

LEVEL OF EXAMINATION \_\_\_\_\_ LIVE BURN \_\_\_\_\_ HANDS ON \_\_\_\_\_ RETEST? \_\_\_\_\_ YES or NO

*Each applicant must bring his/her own turn-out gear along with a mask which has been fit-tested to them. Additionally, the applicants' home department must furnish at least 1 SCBA for use by its applicants.*

DATE OF EXAM \_\_\_\_\_ LOCATION \_\_\_\_\_

NAME \_\_\_\_\_  
FIRST MI LAST

ADDRESS \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

TN DR LIC \_\_\_\_\_ D.O.B. \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Entered Fire Serv. \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Joined \_\_\_\_/\_\_\_\_/\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### DISCLAIMER:

Pursuant to the Fire Fighting Commission's regional practical exam requirement, the undersigned hereby assumes any and all liability and responsibility for its personnel and their actions while involved in this training activity.

By signing this document the firefighting trainees home Fire Department holds harmless from liability the training facility and parties involved in administering the required training.

\_\_\_\_\_  
Fire Chief must sign

*The Tennessee Commission on Fire Fighting Personnel Standards and Education requires the applicant to bring a government issued ID in order to be admitted to any examination.*

**NOTICE:** The Tennessee Commission on Fire Fighting Personnel Standards and Education will NOT recognize anyone in the certification program prior to their eighteenth (18th) birthday.

I verify the person listed on this form has been fit tested as per OSHA 29 CFR Part 1910.134. This form must be signed by the person conducting the fit testing, the Training Officer or the Fire Chief.

Date

Signature of Verifying Authority

By signing below, all parties certify to the Commission that the applicant has received sufficient training according to the applicable NFPA Standards, as currently adopted by the Commission, to qualify the applicant to challenge the practical examination for the level(s) he/she is seeking. *Please note that the skill sheets are available from your Training Officer. If unavailable, please contact the Commission Office to have the Skill Sheets emailed or sent to you in hard copy format.*

I certify that the statements made in this application are a true and accurate description of my fire service training and experience, qualifying me for this level of certification.

Date

Applicant's Signature (DO NOT TYPE)

**TRAINING OFFICER: PLEASE VERIFY THAT APPLICATION IS COMPLETE.** Incomplete applications will be returned which could result in a delay in the examination. **REMINDER: THE APPLICANT'S HOME FIRE DEPARTMENT MUST SEND ONE EVALUATOR FOR EVERY TWO APPLICANTS SENT.**

It is my complete understanding that any false information being provided in this application may result in the revocation of departmental accreditation in the State Certification Program.

Date

Training Officer's Signature (DO NOT TYPE)

RECOMMENDATION OF TRAINING COMMITTEE

We, the members of the Training Committee, established by the Fire Department named on this application and appointed by the Chief of the Department, do hereby affirm to the Tennessee Commission on Fire Fighting Personnel Standards and Education that we, as a committee, have reviewed this application and determined it to be accurate and correct and in full compliance with all requirements for the level of certification sought in this application.

This recommendation is made by majority vote of the Training Committee members. The roll call votes was recorded as follows:  
(NOTE: SIGNATURES OF COMMITTEE MEMBERS MUST BE IN OWN HANDWRITING)

	AYE	NO	ABSTAIN
CHAIRMAN (DO NOT TYPE)			
VICE CHAIRMAN (DO NOT TYPE)			
SECRETARY (DO NOT TYPE)			
MEMBER (DO NOT TYPE)			
MEMBER (DO NOT TYPE)			
MEMBER (DO NOT TYPE)			
MEMBER (DO NOT TYPE)			